## **STATEMENT OF**

FORM 1	OR	GANIZA (See instructions		Office use only	
NAME OF COMMITTEE (in a		eck if name hanged)	Example: If typying, type over the lines	12FE4M5	
ACU-STRIKEF	ORCE POLITICAL A	стіон сомм	TTEE		
		шш			
ADDRESS (number and s	street) 4600 N I	FAIRFAX DR			
(Check if address	SUITE 8	02			
X is changed)	ARLING	TON		J LYA L	22203   -
		(	CITY_	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAI	L ADDRESS (Please pro	-			
(Check if address is changed)	Scott@I	ECreports.co	m 		
is onangos,					
COMMITTEE'S WEB	PAGE ADDRESS (URL)				
(Check if address is changed)					
2. DATE 0.4	/ D D Y Y Y 2	0 1 0			
3. FEC IDENTIFICA	TION NUMBER	C	C00457291		
4. IS THIS STATEM	ENT X NEW (N	OR	AMENDED (A)	)	
I certify that I have exami	ned this Statement and to the	ne best of my knowl	edge and belief it is true, corre	ect and complete	_
Type or Print Name of	Treasurer SCC	TT MACKENZ	IE		
Signature of Treasurer	Electronically Filed by	SCOTT MA	CKENZIE	Date 0 4	22 YYYYY
NOTE: Submission of fal	•	•	subject the person signing this	•	s of 2 U.S.C. §437g.
Office Use Only			For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission	FEC FORM 1 (Revised 02/2009)